

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/15/77067 4-24-06

CLAIMS

AS FILED	AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3		1		1
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TOTAL IND.	1		1	
TOTAL DEP.	2		3	
TOTAL CLAIMS	3		4	

AS FILED	AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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